DISTRIBUTION SANTA FL FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator Operator	AUTHORIZATION TO T	L CONSERVATION COMI ST FOR ALLOWABLE AND RANSPORT OIL AND		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
El Paso Notural Ga Address Box 990, Formingto Reason(s) for filing (Check proper b New Well Recompletion Change in Ownership	Change in Transporter of: OII Dry	Gas X densale	explain)	
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL ANI Legae Name San Juan 27-5 Unit Location	D LEASE Well No. Pool Name, Including 28 Tapacita		Kind of Lease State, Federal or Fee	Lease No. SF 079493
	OO Feet From The South L	.ne and <u>800</u>	Feet From The Rio Arriba	West
Name of Authorized Transporter of Or El Paso Natural Cas Name of Authorized Transporter of Co Northwest Pipeline If well produces off or Hauds, give location of tanks.	Company singned Gas or Dry Gas X	Box 990, Farming Address (Give address to 501 Airport Dr.) Is gas actually connected	ngton, New Me owhich approved copy ive, Farmington When	r of this form is to be sent; xico 87401 of this form is to be sent; on, New Mexico 87401
COMPLETION DATA Designate Type of Completi	Oil Well Gos Well	New Well Workover	Deepen Plug B	Sack Same Hes'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Fred.	Total Depth	P.B.T.	D.
Elevations (DF, RKB, RT, GR, etc., Perforations	Name of Producing Formation	Top Oil/Gas Pay		Depth
				Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT
TEST DATA AND REQUEST FOOIL WELL	DR ALLOWABLE (Test must be a phle for this de	fter recovery of total volume pith or be for full 24 hours)	a of load oil and must	be equal to or exceed top allow-
Date First New Cil Run To Tanks	Date of Test	Producing Method (Fars	appendist, etc.)	
Length of Test	Tubing Pressure	Casing Pressys RLB	Onoke s	Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls. JAN	10 1974 GG - MG	OF .

OIL CON GAS WELL
Actual Prod. Test-MCF/D Longth of Test Bbla. Condensate/A Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

APPROVED.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

11.1 13.14.1		
	(Signature)	
Jan 9	ATE (Title)	

(Date)

BY Original Signed by Emery C. Arnold

OIL CONSERVATION COMMISSION FEB 7

1974

TITLE SUPPRIVISOR DIST.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULZ 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fift out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition. n weeks " me Colfd must be filled for nech most in multiply